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CONFIRMATION NO. 4909

SERIAL NUMBER 10/768,744	FILING OR 371(c) DATE 02/02/2004 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 25927
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**APPLICANTS**  
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*cmw 11/19/06*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/444,494 01/31/2003 and claims benefit of 60/519,074 11/10/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*cmw 11/19/06*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/11/2004 **\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<i>cmw 11/19/06</i> STATE OR COUNTRY PA	SHEETS DRAWING 14	TOTAL CLAIMS 72	INDEPENDENT CLAIMS 16
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**ADDRESS**  
 20529

**TITLE**  
 Methods for modulating an inflammatory response

<b>FILING FEE          RECEIVED</b> 6120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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